

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 06/20/2013
NAME OF PROVIDER OR SUPPLIER FRIENDS FELLOWSHIP COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2030 CHESTER BLVD RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code State Licensure Survey conducted on 05/03/13 was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 06/20/13</p> <p>Facility Number: 001128 Provider Number: 001128 AIM Number: NA</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this PSR survey, Friends Fellowship Community Inc. was found in compliance with Requirements of the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility with a basement was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the corridors, spaces open to the corridors, hard wired smoke detectors in the 24 Courtyard Hall resident rooms, and battery operated smoke detectors in the 35 Health Center Hall resident rooms. The facility has a capacity of 92 and had a census of 69 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/24/13.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>	{S 000}		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

KZEX22

If continuation sheet 1 of 2

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